

Cholera

(*Vibrio cholera*)

Last revised June 7, 2011

I. IDENTIFICATION

- A. CLINICAL DESCRIPTION: An acute bacterial disease of variable severity ranging from a mild diarrhea to profuse watery diarrhea, occasional vomiting, and if not treated, rapid dehydration.
- B. REPORTING CRITERIA: Laboratory confirmation.
- C. LABORATORY CRITERIA FOR CONFIRMATION:
- Isolation of toxigenic (e.g., cholera toxin-producing) *Vibrio cholerae* serogroup 01 or 0139 from stool or vomitus, **OR**
 - Significant increase in vibriocidal or antitoxic antibodies in acute and early convalescent phase sera, **OR**
 - Significant decrease in vibriocidal antibodies in early and late convalescent-phase sera among persons not recently vaccinated.
- D. WISCONSIN CASE DEFINITION: A clinically compatible illness that is laboratory confirmed.

II. ACTIONS REQUIRED / PREVENTION MEASURES

- A. WISCONSIN DISEASE SURVEILLANCE CATEGORY I:
Report **IMMEDIATELY BY TELEPHONE** to the patient's local health officer upon identification of a case or suspected case. Complete and mail an Acute and Communicable Disease Case Report ([F-44151](#)) to the local health officer within 24 hours.
- B. EPIDEMIOLOGY REPORTS REQUIRED:
- *Electronically* – Report through WEDSS, including appropriate disease-specific tabs
or
 - *Paper Copy* – Acute and Communicable Diseases Case Report ([F-44151](#))
and
 - Cholera and Other Vibrio Illness Surveillance Report ([CDC 52.79](#))
- C. PUBLIC HEALTH INTERVENTIONS:
In accordance with Wisconsin Administrative rule DHS 145.05, local public health should follow the methods of control recommended in the current edition of *Control of Communicable Diseases Manual*, edited by David L. Heymann, published by the American Public Health Association.
- Source investigation by LHD to include history of travel to and from endemic areas, dates, mode of transportation, and foods consumed.
 - Surveillance of contacts who shared food and drink for at least five days after exposure.
 - Educate public about proper hand washing after using the toilet or handling contaminated clothing or linens, before cooking, or associating with high-risk individuals.
 - Assess patient's activities for high-risk settings.
 - Educate and advise high-risk patients and food handlers on enteric precautions.
 - Determine if case is outbreak-related and notify your Regional Office or CDES.

III. CONTACTS FOR CONSULTATION

A. LOCAL HEALTH DEPARTMENT – REGIONAL OFFICES – TRIBAL AGENCIES:

<http://www.dhs.wisconsin.gov/localhealth/index.htm>

B. BCDER / COMMUNICABLE DISEASE EPIDEMIOLOGY SECTION: (608) 267-9003

C. WISCONSIN STATE LABORATORY OF HYGIENE / BACTERIOLOGY: (608) 263-3421

IV. RELATED REFERENCES

- Heymann DL, ed. Cholera and other Vibrioses. In: *Control of Communicable Diseases Manual*. 19th ed. Washington, DC: American Public Health Association, 2008: 120-129.
- Pickering LK, ed. Cholera-Vibrio Infections. In: *Red Book: 2009 Report of the Committee on Infectious Diseases*. 27th ed. Elk Grove Village, IL: American Academy of Pediatrics, 2006: 725-727.

V. DISEASE TRENDS

- Since 1986 there have been no cases of cholera reported in Wisconsin.